

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

<p>L. (a) PLAINTIFFS TWO SISTERS, LLC, a Foreign Limited Liability Company, O</p> <p>(b) County of Residence of First Listed Plaintiff <u>Oklahoma</u> <i>(EXCEPT IN U.S. PLAINTIFF CASES)</i></p> <p>(c) Attorneys (Firm Name, Address, and Telephone Number) Paul E. Quigley, OBA #7367, Quigley Law Firm, 50 Penn Place Tower 1900 N.W. Expressway, Suite 860, Oklahoma City, OK 73118, (405)-858-0055, (405) 848-1794 Fax, paul@peqlaw.com</p>		<p>DEFENDANTS R. K. RUSSELL a/k/a KEVINRUSSELL, Individually, and as Member -Manager of Toledo Gas Gathering, LLC, Barnstorm Resources, LLC and Barnstorm Resources II, LLC & TOLEDO GAS, LLC et al.</p> <p>County of Residence of First Listed Defendant <u>Tarrant</u> <i>(IN U.S. PLAINTIFF CASES ONLY)</i></p> <p>NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.</p> <p>Attorneys <i>(If Known)</i></p>																																				
<p>II. BASIS OF JURISDICTION <i>(Place an "X" in One Box Only)</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> 1 U.S. Government Plaintiff </td> <td style="width: 50%;"> <input type="checkbox"/> 3 Federal Question <i>(U.S. Government Not a Party)</i> </td> </tr> <tr> <td> <input type="checkbox"/> 2 U.S. Government Defendant </td> <td> <input checked="" type="checkbox"/> 4 Diversity <i>(Indicate Citizenship of Parties in Item III)</i> </td> </tr> </table>		<input type="checkbox"/> 1 U.S. Government Plaintiff	<input type="checkbox"/> 3 Federal Question <i>(U.S. Government Not a Party)</i>	<input type="checkbox"/> 2 U.S. Government Defendant	<input checked="" type="checkbox"/> 4 Diversity <i>(Indicate Citizenship of Parties in Item III)</i>	<p>III. CITIZENSHIP OF PRINCIPAL PARTIES <i>(Place an "X" in One Box for Plaintiff and One Box for Defendant)</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> PTF Citizen of This State </td> <td style="width: 50%;"> DEF <input checked="" type="checkbox"/> 1 Incorporated or Principal Place of Business In This State </td> <td style="width: 50%;"> PTF <input type="checkbox"/> 4 </td> <td style="width: 50%;"> DEF <input type="checkbox"/> 4 </td> </tr> <tr> <td> PTF Citizen of Another State </td> <td> DEF <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 2 Incorporated and Principal Place of Business In Another State </td> <td> PTF <input type="checkbox"/> 5 </td> <td> DEF <input type="checkbox"/> 5 </td> </tr> <tr> <td> PTF Citizen or Subject of a Foreign Country </td> <td> DEF <input type="checkbox"/> 3 <input type="checkbox"/> 3 Foreign Nation </td> <td> PTF <input type="checkbox"/> 6 </td> <td> DEF <input type="checkbox"/> 6 </td> </tr> </table>		PTF Citizen of This State	DEF <input checked="" type="checkbox"/> 1 Incorporated or Principal Place of Business In This State	PTF <input type="checkbox"/> 4	DEF <input type="checkbox"/> 4	PTF Citizen of Another State	DEF <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 2 Incorporated and Principal Place of Business In Another State	PTF <input type="checkbox"/> 5	DEF <input type="checkbox"/> 5	PTF Citizen or Subject of a Foreign Country	DEF <input type="checkbox"/> 3 <input type="checkbox"/> 3 Foreign Nation	PTF <input type="checkbox"/> 6	DEF <input type="checkbox"/> 6																			
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<p>VI. CAUSE OF ACTION</p>		<p>VII. REQUESTED IN COMPLAINT: <input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.</p> <p>DEMAND \$ 2,100,000.00</p> <p>CHECK YES only if demanded in complaint: JURY DEMAND: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>																																				
<p>VIII. RELATED CASE(S) IF ANY <i>(See instructions):</i></p>		<p>JUDGE _____ DOCKET NUMBER _____</p>																																				
DATE	<p>5/27/20 <i>Paul Quigley</i></p>			<p>SIGNATURE OF ATTORNEY OF RECORD</p>																																		
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